

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	METHODS FOR DETECTING OVARIAN CANCER
Attorney Docket Number::	11757.0104USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 10/04/04

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Eleftherios  
Middle Name:: P.  
Family Name:: DIAMANDIS  
Name Suffix::  
City of Residence:: Ontario  
State or Province of Residence:: Toronto  
Country of Residence:: Canada  
Street of mailing address:: 44 Gerrard Street West, Suite 1504  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5G 2K2

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Tadaaki  
Middle Name::  
Family Name:: KISHI  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 90 Gerrard Street West

Initial 10/04/04

10/510321

DT04 Rec'd PCT/PTO 04 OCT 2004

City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5G 1J6

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
----------------------------------	-------

### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/CA03/0495	04/04/03
PCT/CA03/0495	Non-Provisional of	60/370,559	04/04/02

### Assignee Information

Assignee Name:: Mount Sinai Hospital  
Street of mailing address:: 600 University Avenue, Room 970  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5G 1X5

Initial 10/04/04